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0310245002 Book  
HYSAN CORP (3000 W. 139th)  
Inst/Tech Report



12400 S. Harlem Avenue Suite 202 Palos Heights Illinois 60463-1433  
(708) 923-1313 (800) 621-0151 Fax: (708) 923-1777

July 14, 1992

Illinois Environmental Protection Agency  
Division of Land Pollution Control #24  
Leaking Underground Storage Tank Section  
State Sites Unit  
2200 Churchill Road  
Post Office Box 19276  
Springfield, Illinois 62794-9276

RE: ESDA Incident # 91-3642

Dear Sir or Madam,

At the time of removal of underground storage tanks at Hysan Corporation's Blue Island facility, December 17, 1991, a small hole was noted at the top of the tank used to store Isopar M. Although no free product or other evidence of a release was apparent, because of the small hole the company reported a suspected release.

An independent environmental consultant, Gabriel Laboratories, measured for the presence of a release where contamination was most likely to be present at the UST site, using EPA analytical method 8240. Test results show that none of the constituents of Isopar M were present in soil or groundwater at the UST site. Hysan therefore now reports its conclusion that no release from this UST has been confirmed.

Very truly yours,

Jack Smothers  
V.P. Corporate Technical Services

JBS/sz

Certified Mail No. P 245 572 280

RECEIVED  
JUL 16 1992  
IEPA/DLPC

SCREENED

**Illinois Environmental Protection Agency  
LEAKING UNDERGROUND STORAGE TANK PROGRAM  
20 DAY CERTIFICATION**

ESDA INCIDENT # 91-3642

Date Release Confirmed N/A / / - Unconfirmed At This Time

Facility Name: Hysan Coropration

Mailing address: 3000 West 139th Street

City: Blue Island

Zip Code: 60406

County: Cook

*03 102 45002 Root  
Hysan Corp.  
Quot/Sech Report*

In accordance with Title 35 Subtitle G, Part 731.162 the following certification is made:

1. I am/we are the owner and operator of the underground storage tank system(s) from which a release was reported under the ESDA incident correctly identified above;
2. That as much of the regulated substance as necessary to prevent further release to the environment, has been removed;
3. That there has been a visual inspection of any above ground releases or exposed below ground releases;
4. That further migration of the released substance into surrounding soils and groundwater has been prevented;
5. That monitoring and mitigation of any fire and safety hazards posed by vapors or free product that have migrated from the UST excavation zone and entered into substance structures (such as sewers or basements) will continue;
6. That hazards posed by contaminated soils that are excavated or exposed as a result of release confirmation, site investigation, abatement or corrective action activities will be remediated;
7. That if the treatment remedies include treatment or disposal of soils, The owner/operator will comply with 35 Illinois Administrative Code, Subtitle G and other applicable rules and regulations;
8. That measurement for the presence of a release was where contamination is most likely to be present at the UST site;
9. That in selecting sample types, sample locations and measurement methods, the nature of the stored substance, the type of backfill, depth to groundwater and other factors as appropriate for identifying the presence and source of the release has (or will be) considered;
10. That the appropriate procedures will be used to investigate and determine the possible presence of free-product, and began free-product removal as soon as possible, if applicable, in accordance with Section 731.164;
11. That a summary of the above activities will be provided within 45 days of the confirmation of a release.

**SIGNATURES**

**OWNER**

name: Jack Smothers

title: V.P. Corporate Technical Services

signature: *Jack Smothers*

date: 4-8-92

and OPERATOR (if different from owner)

name: \_\_\_\_\_

title: \_\_\_\_\_

signature: \_\_\_\_\_

date: \_\_\_\_\_

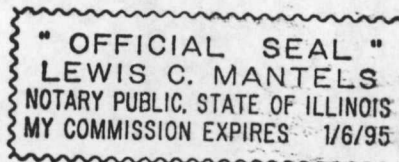
**NOTARY PUBLIC**

name: *Lewis C. Mantels*

date: 04-08-92

My commission expires \_\_\_\_\_, 19\_\_

seal



**RECEIVED**

This Agency is authorized to require this information under Illinois Revised Statutes, 1989, Chapter 111 1/2, Section 1004 and 1021. Disclosure of this information is required. Failure to do so may result in a civil penalty up to \$25,000 for each day the failure continues, a fine up to \$50,000 and imprisonment up to 5 years. This form has been approved by the Forms Management Center.

**APR 13 1992**

**SCREENED**



Incident Number 9 1 3 6 4 2

Notify: ILLINOIS EMERGENCY SERVICES AND DISASTER AGENCY

1-800/782-7860 or 217/782-7860

Date: 12/17/91Time: 1431Rec'd by: fw

1. Caller: Joe Grahony
2. Call back phone#: 708-597-7770
3. Caller represents: Hysan Corp.
4. Type of incident: ☐ Fire ☒ Leak or Spill  
☐ Explosion ☐ Water Involvement  
☐ Gas or Vapor cloud ☐ Other
5. Incident Location:  
 Street 3000 W. 139th St.  
 City Blue Island 024 ☒ In ☐ Near  
 County Cook 031  
 Milepost ☐ RR ☐ River ☐ Highway  
 Sec. ☐ Twp. ☐ Range
6. Area Involved: ☐ Highway ☐ Rail ☒ Fixed Facility  
☐ Waterway ☐ Air ☐ Other
7. Material (s) Involved: Isopore

☐ Gas ☒ Liquid ☐ Semi-Solid ☐ Solid☐ Pesticide ☐ RadioactiveCAS #: 900000003

UN/NA #:

Is this a 302 (a) Extremely Hazardous Substance?

☐ Yes ☒ No ☐ Unknown

Is this a RCRA Hazardous Waste?

☐ Yes ☒ No ☐ Unknown

If Yes, is this a RCRA regulated facility?

☐ Yes ☐ No

8. Container: ☐ Truck ☐ RR car ☐ Drum  
☐ Aboveground tank ☐ Pipeline  
☒ Underground tank ☐ Other  
 container size: \_\_\_\_\_
9. Amount released: \_\_\_\_\_  
 Rate of release: \_\_\_\_\_ / min.
10. Cause of release: Hole

11. Estimated spill extent: \_\_\_\_\_  
☐ square feet ☐ square yards
12. ☐ Occurred Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Time: \_\_\_\_\_  
☒ Discovered Date: 12/17/91 Time: 1434

13. Emergency units contacted

☐ Fire☐ Sheriff☐ Police☐ ESDA☐ Other

14. On Scene Contact: \_\_\_\_\_  
 On Scene Phone#: \_\_\_\_\_
15. No. injured: 0 ☐ Haz-mat related  
 Where taken: \_\_\_\_\_
16. Public health risks and/or precautions taken,  
 including # evacuated: 0

17. Assistance needed from State Agencies:

None

18. Containment/cleanup actions and plans:

None at this time

19. Weather: ☐ sunny ☐ overcast ☐ night

☐ ptly. cldy. ☐ rain ☐ snow

Temp. \_\_\_\_\_ F wind dir. \_\_\_\_\_ speed \_\_\_\_\_ mph.

20. Responsible Party: #3

Contact person: #1Phone # #2Mailing address: #5 6 60406Notifications: IEPA & SFM FAXED 1433

On scene

☐ Fire☐ Sheriff☐ Police☐ ESDA☒ Other SFM